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** CONTINUING DATA ***** <i>u</i>				
** FOREIGN APPLICATIONS ***** <i>u</i>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>79 u</i> <i>7 u</i> Examiner's Signature Initials		STATE OR COUNTRY IL	SHEETS DRAWING 4	TOTAL CLAIMS 23
				INDEPENDENT CLAIMS 2
ADDRESS 60483 <i>3</i>				
TITLE Component health assessment for reconfigurable control				
FILING FEE RECEIVED 824	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	